

ASSESSOR'S PARCEL CHANGE REQUEST

Assessor's Name

Address

City State Zip

Phone No.

I hereby request that Assessor's Parcel(s) _____ be combined, beginning with tax year ____ - ____.

Name

Address

City State Zip

Signature

Date

Phone: 8 a.m. to _____ p.m.

NOTE: Parcels resulting from this request are for assessment purposes only and may not meet Planning Department requirements for legal lots. Information regarding these requirements may be obtained from the appropriate planning agency.

Property Description:

NOTIFICATION OF ACTION

_____ Parcels _____ have been combined for assessment purposes as a result of a sealed bid sale. The new Assessor's Parcel Number is _____.

_____ We are unable to comply with your request for a parcel change. Please see comments below.

COMMENTS:

_____, Assessor

By _____ Deputy

Date